

ICD-10: Coding for Torture

2022

Coding for torture presents its own unique set of challenges. Diagnosis are required for victims to get access to treatment, and other services; yet few providers have sufficient experience to successfully navigate the difficulties of documenting the sequelae of Torture, in the insurance world.

Learned Helplessness, catastrophic ego-fragmentation (psychological dislocation) pursuant to stress techniques or use of adjuvant chemicals such as LSD, Experimental Neurosis (Non-endogenous artificially induced schizophrenia without faulty reality testing) and loss of Sense of Coherence may be described. Due to complex legal issues, particularly within the NATO community these diagnosis are not often commonly understood; however a careful study does elicit a few specific categories which fit these purposes. However careful follow up with specially trained forensic pathologists will be required to document, and support potential use of these codes.

This should also be considered in context of legal standards, where it regards the American Psychiatric Association's Diagnostic Statistical Manual's own disclaimers against their use in legal settings, and Daubert Standards of admissibility of expert witness testimony; particularly in regard to novel or 'experimental' psychological procedures & techniques, of which Stress Adaptation & Stress Modeling research are still considered within the clinical & academic community.

These concerns may include potential conflicts of interest by certain practitioners, particularly those employed by U.S. Federal Agencies, (such as Federally Qualified Health research Centers,) and non-disclosure, or other financial agreements which may impede their impartiality, or objectivity.

ANXIETY, DISSOCIATIVE, STRESS-RELATED, SOMATOFORM, AND OTHER NONPSYCHOTIC MENTAL DISORDERS (F40-F48)

F44.80 - Other dissociate and conversion disorders

F44.89 - [Reactive (from emotional stress, psychological trauma)]

Z65.4 - Victim of crime and terrorism, (torture, Victim of; or exposure to)

These should be distinguished from etiological subcategories, such as R41.0, "*A disorder characterized by confusion; inattentiveness; disorientation; illusions; hallucinations; agitation; and in some instances autonomic nervous system overactivity. It may result from toxic/metabolic conditions or structural brain lesions. (from Adams et al., Principles of Neurology, 6th ed, pp. 411-2)*" which relate to spinal tumors eg.

{<https://www.icd10data.com/ICD10CM/Codes/F01-F99/F40-F48/F44-/F44.89>}

Information online may be misleading, and expert professional consultation should always be obtained.

(Some have found beta-blockers helpful in alleviating symptoms; a non-psychotropic medication which blocks the effects of adrenaline, in addition to environmental changes, which may include: rebuilding sense of a distinct self by respecting individual privacy, boundaries, restoration of locus of control, and predictability.)

Standard North American cultural & institutional norms are usually victim rather than environment centered, blaming them for their circumstances, and counterproductive to good health, progress; and may lead to revictimization, regression, and decompensation. This typically may lead to a 'death-spiral' in the victims health with increasing physical intrusions and interventions, leading to poor outcomes. These treatment methodologies are usually informed by legal norms of the U.S. based private insurance & tort system; rather than focused on the patient's best interests, and best practices & standards of care.

LEON-CHISEN, NELLY. Icd-10-cm and Icd-10-Pcs Coding Handbook, with Answers 2020. Place of publication not identified: AHA Press, 2019, pp. 365-366.

Dissociative and Conversion Disorders

ICD-10-CM classifies dissociative and conversion disorders to category F44.

Dissociative disorders refer to conditions that involve disruptions or breakdowns of memory, awareness, identity, and/or perception. Four codes are available for dissociative disorders, as follows:

F44.0 Dissociative amnesia

F44.1 Dissociative fugue

F44.2 Dissociative stupor

F44.81 Dissociative identity disorder

Conversion disorder is a condition whereby the patient presents with neurological symptoms but with the exclusion of neurological disease or feigning, and the determination of a psychological mechanism. The symptoms can vary from weakness/paralysis of a limb or the entire body to impaired hearing or vision, loss of sensation, impairment of speech, seizures, syncope, and other neurological findings. The following codes are used to describe conversion disorder:

F44.4 Conversion disorder with motor symptom or deficit

F44.5 Conversion disorder with seizures or convulsions

F44.6 Conversion disorder with sensory symptom or deficit

F44.7 Conversion disorder with mixed symptom presentation

In addition, two codes are available for other (F44.89) and unspecified (F44.9) dissociative and conversion disorders.

Examples of conditions that are classified in category F44 include the following:

F44.4 Psychogenic paralysis

F44.4 Abnormal hysterical gait

F44.0 Hysterical amnesia

F44.6 Emotional blindness

Somatoform Disorders:

Somatoform disorders are mental disorders characterized by physical symptoms that mimic physical disease or injury for which there is no identifiable physical cause. Instead, the symptoms are caused by mental factors. A diagnosis of a somatoform disorder implies that mental factors are a large contributor to the symptoms' onset, severity, and duration. ICD-10-CM classifies somatoform disorders to category F45. Examples of conditions classified in category F45 include the following:

F45.8 Psychogenic diarrhea

F45.8 Psychogenic dysmenorrhea

F45.20 Hypochondriacal disorder

In assigning codes from categories F44 and F45, it is important to make the distinction between these conditions and similar conditions that fall under the categories for neurotic disorders, psychoses, or organic disorders.

For pain that is exclusively related to psychological factors, assign code F45.41, Pain disorder exclusively related to psychological factors. A code from category G89, Pain, not elsewhere classified, should not be assigned with code F45.41. When the documentation reflects a psychological component for a patient's acute or chronic pain, assign code F45.42, Pain disorder with related psychological factors, with a code from category G89.

Grider, Deborah J. Principles of Icd-10-Cm Coding. Chicago: American Medical Association, 2014, pp. 106-107.

ANXIETY, DISSOCIATIVE, STRESS-RELATED, SOMATOFORM, AND OTHER NONPSYCHOTIC MENTAL DISORDERS (F40-F48)

These types of disorders are mental disorders without demonstrable organic basis in which the person

may have considerable insight but impaired reality perception. The person usually does not confuse morbid subjective experiences and fantasies with external reality.

These disorders include the following:

- ■ Excessive anxiety
- ■ Hysterical symptoms
- ■ Phobias
- ■ Obsessive symptoms
- ■ Compulsive symptoms
- ■ Depression

Some of the ICD-10-CM codes in this category include the following:

- ■ Obsessive compulsive disorder (F42)
- ■ Posttraumatic stress disorder (F43.1–)
- ■ Agoraphobia with panic disorder (F40.01)
- ■ Somatoform disorders (F45.–)
- ■ Fear of flying (F40.243)
- ■ Psychogenic deafness (F44.6)
- ■ Psychogenic pruritus (F45.8)

Review the following example:

EXAMPLE: Patient: Mary Jones

Date: 06/30/20xx

Time spent with patient: 45 minutes

Session focus: To cope with lifestyle changes, which are causing her panic.

The patient stated, “I have had a bad week, I am still having crying spells and tension.” Patient states crying spells have decreased in frequency. Patient states panic attacks are worsening and occurring every time she leaves the house. Patient discussed her anger, need for distraction, and anger at loss of a travel opportunity. She reports a solid block of sleep at night and adds that she has been spending a lot of time in bed. She is afraid to leave the house. Every time she leaves the house, she cannot breathe and is dizzy and fearful.

Assessment: Four of 12 planned counseling sessions completed, patient still experiencing panic attacks frequently.

Plan: Will continue therapy as planned, next session in two weeks, continue current medications.

Alphabetic Index:

Panic (attack) (state) → F41.0

Tabular List:

F41.0 → Panic disorder [episodic paroxysmal anxiety] without agoraphobia

Correct Code(s):

F41.0

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Also see:

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"admissibility of evidence on psychiatric issues is infrequently challenged, unless the material presented is novel or peripheral to mainstream understanding of diagnosis, prognosis, or treatment intervention" (Roberts 1996 ; Gutheil & Sutherland 1999 ; Slobogin 1999 ; Slobogin et al. 2001...)

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Essen Trauma Inventory 2004

[trauma questionnaires eg. PTSS - 10, and dissociative questionnaires FDS, PDEQ were used for comparison," "Chronbachs Alpha 4-factor structure Intrusion, avoidance, Hyperarousal and dissociation",]

Essen Trauma Inventory (ETI), Tagay S., Stoelk B., Möllering A., Erim Y., Mustard W., 2004 © "ETI with other trauma scales (PTSS-10, PDEQ, FDS) and dimensions of the psychic Condition (SCL-90, HADS, BDI, SF-36, SOC-13, F-SOZU). With the ETI lies in the German-speaking countries for the first time an economic, reliable and valid screening instrument for the differentiated recording of traumatic events and post-traumatic disorders." [Translated from German]

The Essene Trauma Inventory (ETI) is a self - assessment questionnaire Psycho-traumatic events and post-traumatic disorders, namely the Acute Stress Response (ABS) and Posttraumatic Stress Disorder (PTSD).

Childhood Trauma Questionnaire (CTQ),
Early Trauma Inventory (ETI),
Harvard Trauma Questionnaire (HTQ),
Trauma History Questionnaire (THQ),
Traumatic Life Events Questionnaire (TLEQ),
Traumaliste der Clinician-Administered PTSD Scale (CAPS)
Traumaliste des DIA-X (CIDI).
Peritraumatic Distress Inventory (PDI)

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7. Enhanced Interrogation

a. Memoranda on Standards of Conduct of Interrogation
("Torture Memos")

(i) Bybee, Memo to Albert R. Gonzales, Counsel

to the President

(ii) Yoo, Memo to William J. Haynes II, General
Counsel of the Department of Defense

(iii) Levin, Memo to James B. Comey, Deputy
Attorney General

[Confessions or False Admissions; (Compliance Under Stress), Interrogative Suggestibility]
[Witness Intimidation: Color of Law complaint]

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Haidar Muhsin Saleh, et al., Appellants v. TITAN CORPORATION, Appellee CACI International
Inc. and CACI Premier Technology, Inc., Intervenor., Nos. 08-7008, 08-7009, 11 September 2009.

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PREMIER TECHNOLOGY, INCORPORATED; CACI N.V., Plaintiffs-Appellans, v. ST. PAUL
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*["the protection against deprivation of liberty without due process of law, the proper inquiry is
whether those conditions or restrictions amount to punishment of the detainee. Absent a showing of
an expressed intent to punish, if a particular condition or restriction is reasonably related to a
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